STATEMENT OF

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Introduction

I am Dr. Michael P. Eriksen, Director of the Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. Thank you for the opportunity to talk about the problem of tobacco use by youth and ways to address it.

Tobacco use is the single most preventable cause of death and disease in our society. Since the release of the first Surgeon General Report on tobacco in 1964, scientific knowledge about the health consequences of tobacco use has increased dramatically. It is now well documented that smoking cigarettes causes cardiovascular disease, lung cancer, and chronic lung disease, as well as many other diseases. Consequences of using smokeless tobacco include heart disease and cancers of the mouth, larynx, and esophagus. Environmental tobacco smoke (ETS) increases the severity of asthma in children and is a risk factor for new cases of asthma in children. ETS exposure has also been linked with sudden infant death syndrome (SIDS). Smoking during pregnancy significantly increases maternal and fetal risk, and is a significant cause of low birth weight births and infant mortality in the United States.

This single behavior causes more than 400,000 deaths in the United States each year. Each person who dies of tobacco-related lung cancer loses an average of 14 years of expected life. Those who live with diseases such as emphysema often endure prolonged suffering and disability, financial hardship, and frequent hospitalizations. These conditions also adversely effect the lives of family members. Tobacco use costs the Nation over $50 billion every year in medical expenses alone. Added to these costs is the loss of income caused by illness and premature death. Furthermore, tobacco use is as addictive as cocaine; nearly 70% of smokers want to quit smoking completely, but less than 3% are able to do so each year.

Of particular concern is the fact that teen smoking is on the increase; in 1995 over one-third of high school students were current smokers, up from one-quarter of high school students in 1991. Each day, more than 3,000 young people become regular smokers, adding up to more than one million new smokers each year. Among adults in the U.S. who have ever smoked daily, over three quarters tried their first cigarette before age 18, and over half became daily smokers before age 18. The consequences of these increases are dire; if current tobacco-use patterns in this Nation persist, five million children currently alive today will die prematurely from a smoking-related disease.

In my testimony today, I will first focus on the impact of tobacco advertising on teen smoking. I will then discuss the comprehensive approach needed to address this issue, with an emphasis on media and counteradvertising efforts.

Impact of Tobacco Advertising

The Food and Drug Administration (FDA)'s tobacco regulation, published in August of 1996, concluded that although advertising may not be the most important factor in a child's decision to smoke, it is a substantial contributing factor. The 1994 Surgeon General's Report, *Preventing Tobacco Use Among Young People*, concluded that cigarette advertising appears to influence young people's risk of smoking by affecting their perceptions of the pervasiveness, image, and function of smoking.

The 1994 Surgeon General's Report further explains how cigarette advertisements correspond precisely to the psychosocial needs of teens and their adolescent aspirations. Cigarette advertisements capitalize on the disparity between ideal and actual self image and imply that smoking may close the gap. Concluded in that report, and subsequently validated by private sector advisors, cigarette advertising associates smoking with the two most powerful, but paradoxical adolescent aspirations--those of autonomy and affiliation. Autonomy is depicted best

by Marlboro's "elements of adventure, freedom, being in charge of your own destiny." This is how Marlboro was described by the President of Philip Morris, while affiliation is best captured by the glamour, fun and sense of belonging of Joe Camel and Newport's "Alive with Pleasure."

The CDC has published data showing that teens are nearly three times more likely than adults to smoke the most heavily advertised brands of cigarettes -- Marlboro, Camel, and Newport. While combined sales of these brands accounted for only 35% of the overall cigarette market share, 86% of adolescent smokers purchased one of these three brands. CDC also published a study in the Journal of Marketing demonstrating that sensitivity to cigarette advertising, as measured by brand preference, is about three times larger among teenagers than among adults.

Recently published research provide further evidence that tobacco promotional activities are causally related to the onset of smoking. A study conducted between 1993 and 1996 showed that adolescents who were able to name a favorite cigarette advertisement in 1993 were more likely to experiment with cigarettes by 1996. Furthermore, possession or willingness to use a promotional item in 1993 was even more strongly associated with future progression to experimentation three years later in 1996. Other recent research points to evidence that cigarette brands popular among young adolescents are more likely than adult brands to advertise in magazines with high youth readership.

Over the past three years, CDC has supported academic researchers in eleven prevention centers who have spoken with over 1000 teenagers in 200 focus groups in 12 cities. This research has revealed some intriguing findings why youth smoke. Young people give the following reasons for smoking: to improve their image, specifically to impress peers and achieve a sense of identity; to help cope with stress and manage mood; and to achieve a sense of belonging. These themes are reinforced by the images of tobacco advertising that portray smoking as a popular part of a positive, active, and fun lifestyle. Addiction and the physiological/drug effects of nicotine also

were cited by young people as reasons to continue to smoke. In addition, young people told us that parents and family have an enormous impact on youth smoking, due both to modeling from smokers in the family and to stress related to the family.   It is important to note that although young people generally do not report that advertising impacts their behavior, it is a contributing factor. One of the concepts underlying advertising is that people often do not directly identify it as influencing their behavior.

The tobacco industry spends approximately $5 billion per year advertising and promoting its products. To counter this level of pro-tobacco expenditures, comprehensive efforts are needed. I will now focus on the strategies needed to address this problem.

Countering Tobacco Advertising

Public health media campaigns aimed at tobacco control counteract tobacco advertising and remove the air of glamour and normality surrounding tobacco use. An intensive, sustained media campaign is needed to denormalize and deglamorize tobacco use among young people. Campaigns that address the health consequences of tobacco use (e.g., cardiovascular disease, cancer, asthma) raise awareness about these leading killers and cripplers and draw the link between these diseases and tobacco use. Research findings from the U.S. Fairness Doctrine experience, well-designed community intervention studies, and current campaigns in California and Massachusetts show that counter-advertising can lead to significant changes in youth attitudes and behaviors related to tobacco use.

An effective tobacco control media campaign should have national, state, and local components. The national campaign can deliver messages widely and frequently at great cost efficiencies. Some media channels, especially those that target teens, are available only at the national level (e.g., MTV, syndicated "early fringe time" TV programs). Nationally originated messages can

have a powerful influence on the public and set an overall supportive climate for state and local tobacco control efforts. State and local campaigns are the best way to target messages and counter an increasingly important part of tobacco companies' marketing campaigns.

The Secretary has been a leader in our efforts to reduce the demand for tobacco products among young people. Her active involvement in talks with the entertainment industry regarding that industry's increased use of more positive portrayals of tobacco use and her leadership in the SmokeFree Kids Campaign with the U.S. Women's National Soccer Team have made critical contributions to this effort.   In addition, the Secretary recently launched a collaboration with Motown recording artists Boyz II Men. In consumer research conducted over the past five years, young people have consistently rated Boyz II Men as one of the most visible and credible music groups. As part of this collaboration, the group has agreed to develop antismoking TV and radio commercials and incorporate anti-smoking messages in their concerts. And, finally, in late 1997, the Vice President announced that the film industry will undertake new voluntary efforts to raise awareness within their industry about the effect their portrayal of tobacco use may have on young people.

Tobacco control media campaigns are most effective in when implemented as part of a comprehensive approach involving national, state, and community level action. Such an approach should include a concerted, coordinated, and synergistic effort. It should
• define the problem (e.g. the extent of tobacco use by youth)
• identify causes (e.g. why do young people take up smoking)
• develop and test promising prevention strategies, and
• implement prevention programs nationwide including community, school, and media programs.
The desired outcomes of these prevention programs are to prevent young people from starting to

use tobacco, to help current tobacco users to quit, to protect the health of non-smokers by eliminating exposure to environmental tobacco smoke, to prevent or reduce the health problems associated with tobacco use, and to change the environmental and social factors that encourage and support the use of tobacco.

Research has shown that community, school, and media programs have the most substantial and enduring impact on reducing tobacco use when they are combined and share common objectives. Analysis of multi-faceted youth tobacco use prevention programs (Minnesota Heart Health Program, Midwestern Prevention Project, University of Vermont School and Mass Media Project) documents that such efforts can reduce youth smoking by 20 to 40 percent. Such combined programs provide the infrastructure and foundation for all other elements of a comprehensive approach, including price increases, advertising restrictions, access restrictions, limits on secondhand smoke exposure, and cessation.

Media campaigns can increase the effectiveness of school-based programs, provide smoking cessation motivation and assistance to adults, and foster public support for smoke-free environments. Messages and programs delivered to entire communities -- adults and adolescents, users and non-users of tobacco -- can affect the general norms of the community on tobacco control, which in turn can influence young people to decide against starting to use tobacco. The exposure of young people directly to messages and appeals intended for adults (e.g., smoking cessation, risks of ETS) can have a strong influence on adolescents' normative perceptions of the prevalence and acceptability of tobacco use. Parents can be stimulated by community programs to become more involved in tobacco prevention efforts both within and outside the family.

Conclusion

Strong public health efforts are needed to counteract decades of efforts by the tobacco industry to influence young people to smoke. Reducing tobacco use will require a concerted, coordinated,

and collaborative effort at the national, state, and community levels. The desired outcomes of this effort are clear. We need to prevent young people from starting to use tobacco, to help current tobacco users to quit, to protect the health of non-smokers by eliminating exposure to environmental tobacco smoke, to change the environmental and social factors that support the use of tobacco, and to address the health consequences of tobacco use--cancer, cardiovascular disease and asthma.

A nationwide program must address the various populations affected by tobacco use, including school children, adults and minority groups. We cannot prevent teens from adopting this high-risk habit unless we have a robust, consistent public health strategy in place. It must address the contributing factors to tobacco use such as advertizing and the media, and the addictive nature of the product. It must include tailored interventions in diverse venues where tobacco prevention programs can have an impact, including schools and the workplace. It is through this comprehensive effort based on rigorous science that the public health approach succeeds.